September 6, 2017

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1656-P

Dear Acting Administrator Slavitt:

Health IT Now (HITN) is pleased to submit our comments on the *Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program* proposed rule. HITN is a diverse coalition of health care providers, patient advocates, consumers, employers, and payers who support the adoption and use of health IT to improve health care and to lower costs.

Overall, HITN supports the health IT provisions in the proposed rule because the technology can help improve patient safety and healthcare outcomes by giving healthcare providers, patients, and their caregivers the tools they need to manage their health and wellness. Wide availability, ease of use, and familiarity with these technologies allow patients and their caregivers to integrate disease management and wellness activities into their daily routines. This technology increases adherence to care plans and reduces preventable hospitalization and associated costs. Health IT enables care providers to access necessary information at the point of care, which can improve the efficiency and quality of care delivery.

Specific Comments

Chronic Care Management (CCM) Services

In the past, HITN has been a strong supporter of the CCM services code as it incentivized providers to utilize technology to better coordinate care for beneficiaries with complex chronic conditions. However, with the proposals CMS makes in this rule, there are no longer the same incentives.

In order to reduce provider burden in providing CCM services, CMS is proposing a number of changes related to electronic access and transmission of the patient care plan. Proposals include:

- Elimination of the requirement that an electronic care plan be available to individuals providing CCM services after hours;
- Changing the CCM service element to continue requiring timely (versus previously required 24/7 basis) electronic sharing of care plan information within and outside the billing practice and to allow transmission of the care plan by fax; and
- Requiring the provider to create and exchange/transmit continuity of care documents timely with other providers and no longer would specify how the provider must transmit or exchange these documents.

HITN believes that CMS' efforts to reduce provider burden would be better spent ending, once and for all, the practice of information blocking in federal programs. Information blocking prevents reliable flows of information from emergency departments, hospitals and providers of post-acute care services to track CCM patients receiving care across those settings. Information blocking also prevents reliable information flows that supports care transitions and modifications to a care treatment plan, and creates unsafe patient environments. As we have stated in previous comment letters, the current lack of interoperability between EHR systems is likely to place undue burden on physicians who participate in CCM. HITN encourages CMS to create demand side pressure on vendors by limiting billing for the CCM to only those providers who use systems that do not limit information exchange.

Proposed Changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

CMS proposes to make a number of changes to the Medicare and Medicaid EHR Incentive Programs, also known as the Meaningful Use program, in this proposed rule. In general, HITN has supported the removal of measures from the program that are not directly related to reaching the goal of interoperability.

Unfortunately, CMS is missing an opportunity by merely adjusting the thresholds of a few specific measures including:

- Patient-Specific Education;
- View, Download, and Transmit;
- Secure Messaging;
- Patient Care Record Exchange;
- Request/Accept Patient Care Record;
- Clinical Information Reconciliation;
- Public Health and Clinical Data Registry Reporting measure;

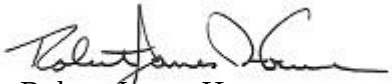
Further, CMS is seeking to remove the CDS and CPOE measures for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs). CMS is also proposing to require EPs, EHs, and CAHs that are seeking to demonstrate meaningful use for the first time in 2017 to attest compliance with the Modified Stage 2 objectives and measures by October 1, 2017 to avoid a payment adjustment in 2018.

HITN urges CMS to reevaluate its approach, and modify its proposal to address measures for EHs and CAHs by focusing solely on modifications that support reaching the goal of widespread interoperability. We were pleased when CMS adopted many of our recommended modifications to the program for EPs participating in the Merit-Based Incentive Payment System. Instead of adopting the proposed modification, we believe CMS should adopt similar modifications for EHs and CAHs in order to better align with the EP requirements under MACRA and allow for flexibility for providers and vendors.

Conclusion

We appreciate the opportunity to share our comments with you on these important issues and look forward to working with you to ensure the optimization of health IT in the Medicare program.

Sincerely,



Robert James Horne
Executive Director